

Village of Glenwillow

Building Department

29555 Pettibone Road

Glenwillow, Ohio 44139

PH: (440) 232-4380 FAX: (440) 232-4381

January 1, 2015

To All Contractors and Sub-Trades:

The Building Department would like to inform you that we are currently accepting contractor registrations for the 2015 calendar year and that all the necessary forms are available on our website at www.glenwillow-oh.gov. One of the required forms to be completed is the RITA form 48. Although you may already be registered with RITA (Regional Income Tax Agency), the Village requires that RITA's form 48 be filled out for our records. Please make sure all forms are completed.

Codified ordinance, Chapter 711.02 Section 1301.11(a) (5) B, states that any of the following trades (please see attached list) that perform work within the Village of Glenwillow must be registered. Contractors registering as one or more of the following trades must also supply a copy of a valid, current state license:

- 1) plumbing
- 2) electrical
- 3) HVAC
- 4) refrigeration
- 5) hydronics
- 6) fire and sprinkler

Please remember to enclose a self-addressed stamped envelope for the return of your contractor registration. Thank you in advance for your help and cooperation in this matter. We look forward to working with you.

Sincerely,



Rick Loconti
Building Commissioner

VILLAGE OF GLENWILLOW
BUILDING DEPARTMENT
29555 PETTIBONE ROAD GLENWILLOW, OHIO 44139
Phone (440) 232-4380 Fax (440) 232-4381

CODIFIED ORDINANCE, CHAPTER 711.02 SECTION 1301.11 (a) (5) B, REQUIRES THAT ANY OF THE FOLLOWING CONTRACTORS AND/OR SUBCONTRACTORS, WHO SHALL PERFORM ANY WORK WITHIN THE MUNICIPALITY OF GLENWILLOW, MUST BE REGISTERED. THIS INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING.

AUDIO VISUAL SYSTEM	PAINTING
CARPENTRY	PAVING
CEMENT AND / OR ASPHALT	PIPING
DRYWALL	PLUMBING
ELECTRICAL	REFRIGERATION
EXCAVATING AND GRADING	ROOFING
FENCE	SATELLITE INSTALLERS
FIRE EQUIPMENT	SEWER WORK
GENERAL BUILDING CONTRACTOR	SIDING APPLICATOR
HEATING AND AIR CONDITIONING	SIGN INSTALLER
HOME SERVICES AND REPAIR	SPECIALTY
HYDRONICS	SPRINKLER SYSTEMS
INSULATION	STRUCTURAL STEEL
LANDSCAPING/LAWN CARE	SWIMMING POOL
LOW VOLTAGE WIRING	TITLE INSTALLER
MASONRY	WATERPROOFING
	WATER SYSTEM WORK OF ANY TYPE

PROCEDURES FOR CONTRACTORS REGISTRATION

- PLEASE ENCLOSE A **SELF-ADDRESSED STAMPED ENVELOPE.**

-WHEN FILLING OUT THE **RITA BUSINESS REGISTRATION FORM 48** THE AREAS MARKED WITH AN *(ASTERIC) MUST BE FILLED OUT. IF THESE AREAS ARE NOT COMPLETE, YOUR REGISTRATION WILL NOT BE PROCESSED. ALTHOUGH YOU MAY ALREADY BE REGISTERED WITH RITA IN ANOTHER COMMUNITY, GLENWILLOW REQUIRES THIS FORM TO BE COMPLETED FOR OUR RECORDS.

-CONTRACTORS WORKING IN **MORE THAN ONE CLASSIFICATION** MUST SECURE A REGISTRATION FOR EACH AND EVERY CLASSIFICATION.

-REGISTRATION IS ISSUED FOR THE CALENDAR YEAR
THE FEE IS **\$100.00 PER YEAR FOR EACH REGISTRATION REQUIRED.**

-PLEASE COMPLETE AND **SIGN** THE APPLICATION FORM.

VIOLATORS SHALL BE FINED NOT MORE THEN \$500.00 PENALTY OR IMPRISONED FOR NOT MORE THEN 30 DAYS OR BOTH. EACH DAY SUCH VIOLATION CONTINUES SHALL CONSTITUTE A SEPARATE OFFENSE.

CONTRACTOR REGISTRATION APPLICATION
FOR THE CALENDAR YEAR 2015
VILLAGE OF GLENWILLOW
BUILDING DEPARTMENT

DATE _____

IRS EMPLOYER IDENTIFICATION NO. _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO. _____ FAX NO. _____
(AREA CODE) (AREA CODE)

CELL PHONE NO. _____ CONTACT EMAIL _____

CHIEF OFFICER _____

TYPE OF CONTRACTOR _____

QUALIFICATIONS _____

EVER BEEN CONVICTED OF BUILDING CODE VIOLATION _____

NO REGISTRATION WILL BE ISSUED UNTIL ALL COMPLETED FORMS ARE
RETURNED TO THE BUILDING DEPARTMENT. **MUST RETURN:**

- * THIS APPLICATION
- * RITA FORM 48
- * SELF ADDRESSED STAMPED ENVELOPE
- * CHECK FOR \$100 MADE OUT TO THE VILLAGE OF GLENWILLOW
- * A COPY OF A VALID AND CURRENT STATE LICENSE WHERE
APPLICABLE

APPLICANT'S SIGNATURE

TITLE

**NO PERMITS WILL BE ISSUED UNTIL ALL COMPLETED FORMS AND
DOCUMENTATIONS ARE PROVIDED TO THE BUILDING DEPARTMENT.**

DO NOT COVER WORK BEFORE INSPECTION

VILLAGE OF GLENWILLOW INSPECTIONS REQUIRED

1. Footer & Lot Stakes (engineer approval required also)
2. Masonry, (rough)
3. Concrete Slab
4. Bldg. Sewer Connection to Sanitary Sewer, Water Line, Water Line Connection
5. Plumbing, (underground) Rough
6. Plumbing, (above ground) Rough
7. Rough Framing – When Roof is sheathed and Rough Mechanical are complete
8. Underground Electrical and Gas prior to Backfilling
9. Electrical, (rough) Service to Panel
10. Electrical Permanent
11. Heating (rough) Including areas covered by Drywall or Ceiling Tile
12. Roofing Ice and Water Shield Installation
13. Insulation-Before Drywall & Ceiling Insulation at the Time of Finals
14. Masonry (final) Exposed Cinder Blocks treated with moisture Barrier (waterproofing)
15. Siding
16. Driveway – Prior to Placing Concrete or Asphalt (engineer approval required)
17. Exterior (final) Including Clean Up
18. Final Grade – Grades & Drainage as Approved (engineer approval required)
19. Interior (final)
20. Occupancy (permit)
21. Landscaping
22. Final inspection of all above rough inspections

Barricades to be erected and proper warning signals installed when excavations are open overnight.

Contractor or his agent must call for inspection.

VILLAGE OF GLENWILLOW

TO SCHEDULE AN INSPECTION

Please call MBIS Monday – Friday between the hours of 9am – 12 noon and 1pm – 4 pm. **We are closed for lunch between 12 noon – 1pm.**

24 hour minimum notice for ALL inspections

Please be prepared to give the following information when scheduling your inspection:

Permit number

Contractor

Contractor contact name

Phone number

Type of inspection

Thank you for your cooperation.

TO SCHEDULE CALL 440-399-0850

NOTICE – CHANGE IN OHIO BASIC BUILDING CODE

315.2 Where required in existing dwellings. Where work requiring a permit occurs in existing dwellings that have attached garages or in existing dwellings within which fuel-fired appliances exist, carbon monoxide alarms shall be provided in accordance with Section 315.1

FEDERAL IDENTIFICATION NUMBER _____

SOCIAL SECURITY NUMBER (COMPLETE **ONLY** IF A SOLE PROPRIETOR) _____FILING STATUS: ☐ CORPORATION ☐ ESTATE/TRUST ☐ LLC ☐ NON-PROFIT ☐ PARTNERSHIP ☐ S-CORP. ☐ SOLE PROPRIETOR**RITA LOCATION NAME AND ADDRESS AS USED FOR BUSINESS PURPOSES**

BUSINESS NAME: _____ PHONE: (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF CORPORATE SUBSIDIARY, GIVE NAME AND ADDRESS OF PARENT COMPANY MAIN OFFICE

BUSINESS NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS

NAME: _____ PHONE: (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WHAT DATE DID YOU BEGIN OPERATIONS IN A RITA MUNICIPALITY _____

PLEASE LIST THE COMPANY NAICS CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE

NAICS _____ ☐ TRANSPORTATION ☐ NON MANUFACTURING ☐ MANUFACTURING ☐ WHOLESALE
☐ RETAIL ☐ FINANCE ☐ SERVICES ☐ PUBLIC ADMINISTRATION ☐ NON CLASSIFICATION

EMPLOYEE INFORMATION

DO YOU HAVE ANY EMPLOYEES? (CHECK ONLY **ONE**) ☐ YES ☐ NO ARE CONTRACTORS UTILIZED? (CHECK ONLY **ONE**) ☐ YES* ☐ NO
 *IF YES COMPLETE REVERSE SIDE.

IF YOU HAVE EMPLOYEES PROCEED WITH EMPLOYEE INFORMATION. IF YOU DO NOT HAVE EMPLOYEES PROCEED TO THE PROFIT/LOSS SECTION.

NUMBER OF EMPLOYEES AT RITA LOCATION: _____ MONTHLY GROSS PAYROLL AT RITA LOCATION: _____

WILL YOU BE WITHHOLDING RESIDENCE TAX ONLY? ☐ YES ☐ NO**SEND WITHHOLDING TAX FORMS TO**

BUSINESS NAME: _____ PHONE: (____) _____

CARE OF: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF YOU ARE A NON-PROFIT ORGANIZATION STOP HERE AND SIGN AT BOTTOM**PROFIT/LOSS INFORMATION**ENDING DAY OF FISCAL YEAR IF OTHER THAN CALENDAR YEAR _____ / _____ / _____
MONTH DAY YEAR**SEND NET PROFIT TAX RETURN TO**

BUSINESS NAME: _____ PHONE: (____) _____

CARE OF: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____ PHONE: _____

7

BUILDING PERMIT #:

TOTAL CONTRACT AMOUNT: \$

9

☐ NO

COMPANY/ADDRESS - CITY, STATE AND ZIP		OFFICER/OWNER NAME PHONE NUMBER	SOCIAL SECURITY OR FEDERAL I.D. NUMBER	ESTIMATED START DATE	NUMBER OF EMPLOYEES	ESTIMATED WAGES PER MONTH	TRADE
COZI-FAU-OFF GMBH							
COZI-FAU-OFF SCB							
COZI-FAU-OFF SCB							
COZI-FAU-OFF SCB							
COZI-FAU-OFF SCB							
COZI-FAU-OFF SCB							
COZI-FAU-OFF SCB							
COZI-FAU-OFF SCB							

If necessary attach a separate sheet.

The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this Registration Form and return within 15 days. Prompt completion of this form now can save you the expenditure of additional time and effort in the future. If you have any questions please contact the Business Registration Department at one of the numbers below. Thank you for your cooperation.

SEND RESPONSE TO:

REGIONAL INCOME TAX AGENCY
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900
BROADVIEW HEIGHTS, OH 44147-7900

CLEVELAND TOLL FREE: (800) 860-RITA (7482)
COLUMBUS TOLL FREE: (866) 721-RITA (7482)
YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)

TDD: (440) 526-5332
FAX: (440) 526-3136